

TRAINING REQUEST--FORMS CLASSES

FMC 104 (REV. 8-99)

DEPARTMENT OF GENERAL SERVICES
OFFICE OF STATE PUBLISHING
FORMS MANAGEMENT CENTER
344 NORTH 7TH STREET, ROOM 102
SACRAMENTO, CA 95814 (OR IMS P-6)
(916) 324-9697 OR (CALNET) 8-454-9697-

This Training Request may be copied as needed.

PLEASE READ AND FOLLOW THESE INSTRUCTIONS

(You must follow agency procedures for requesting training before submitting this request.)

1. If you have not seen the description of these classes, please ask your Departmental Forms Coordinator for a copy of the announcement from the Forms Management Center before you fill out this request.
2. Submit a **SEPARATE** Training Request--Forms Classes (FMC 104), for **EACH CANDIDATE** for **EACH CLASS** to the Forms Management Center at the address above.
3. You will receive a confirmation of registration. This will either confirm your registration or notify you that you have been placed on the waiting list. If you have been placed on the waiting list, you will be notified when a vacancy occurs.
4. About two weeks before your class, you will receive a memo which will contain instructions and a map showing the training location.
5. Candidates **must plan to attend the full session**.
6. If, after you are enrolled, you find you cannot attend or cannot attend the full session, notify the Forms Management Center at the telephone number above. You may arrange to send a substitute or someone on the waiting list will be offered the vacancy. You will be rescheduled if you wish.
7. If there are any questions or your confirmation and instruction memos do not arrive in a timely manner, call the Forms Management Center at the telephone number above.

BILL TO (Department name and address)

BILLING CODE

CLASS REQUESTED	<input type="checkbox"/> FORMS ANALYSIS AND DESIGN <input type="checkbox"/> FORMS MANAGEMENT <input type="checkbox"/> ELECTRONIC FORMS	COST \$	DATE SUBMITTED
CANDIDATE'S INFORMATION	NAME		TITLE
	DEPARTMENT		DIVISION/UNIT
	BUSINESS MAILING ADDRESS (Indicate IMS code if applicable)		TELEPHONE NUMBER (Include Area Code)
DATE(S) REQUESTED	FIRST CHOICE	SECOND CHOICE	THIRD CHOICE
DOES THIS CANDIDATE NEED SPECIAL ACCOMMODATIONS <input type="checkbox"/> NO <input type="checkbox"/> YES (Explain briefly)			

BRIEFLY EXPLAIN CANDIDATE'S NEED FOR, OR INTEREST IN, THIS TRAINING (This information will be used to rank the candidate on the waiting list if the requested class dates are not available)

CONTACT PERSON (Training Coordinator or other person who can answer questions about this request)

TELEPHONE NUMBER (Include Area Code)

APPROVING SIGNATURE (Candidate's Training Officer, Training Coordinator, or Supervisor)

TITLE

CANCELLATION POLICY: To cancel, you must notify the FMC at least ten working days before the first day of the class.